

**FRONT RANGE CHRISTIAN HIGH SCHOOL
TRANSCRIPT REQUEST**

TODAY'S DATE: _____ Allow up to 1 week for processing. **PLEASE PRINT.**

Last Name

First

Middle Initial

REQUEST FOR Unofficial transcript (no seal or signature required; informational copy only)

Date needed (Do NOT put ASAP): _____ number of copies _____

REQUEST FOR Official transcript (with official seal and signature)

Please fill out one form per institution.

Date official transcript should be mailed or is needed by: (Do NOT put ASAP): _____

Test scores will be included on your transcript if you reported them to FRCS at the time of the test. **If you repeated a test**, indicate which test you want reported and the date taken:

ACT **SAT** Date of test _____

Name & Address of Institution/College:

My application requires that FRCS mail the following attached documents with my official transcript:

Check here if you need to pick up official copy of transcript instead of mailing

Student or Parent Signature

Date

Your signature indicates your knowledge and understanding of the information on this form and your permission for release of requested information.

FOR OFFICE USE ONLY-

Items Sent: Official transcript Unofficial transcript Other _____

Date: _____ Initials _____